



# SessionGlance

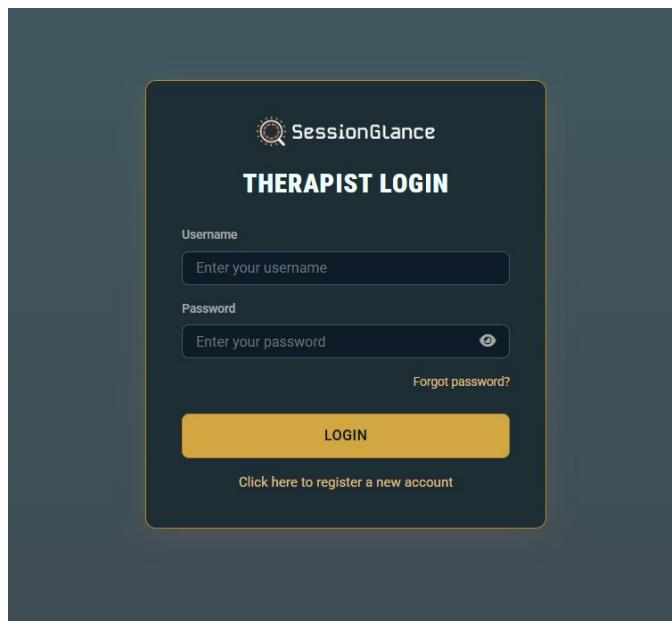
## SessionGlance - Step-by-Step Guide

### BEFORE THE SESSION

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#### 1. Log In to Your SessionGlance Therapist Portal

1. Navigate to the SessionGlance website.
2. Select the **USER PORTAL** link.



3. Enter your username and password to sign in.

4. After logging in, you will see your **To-Do List Dashboard**, which contains:

- Incomplete reports (reports generated from previous sessions that still need your review).

SESSION DATE	PATIENT	ASSESSMENT REPORT	FEEDBACK REPORT
2025-12-09	Test Account 4	Incomplete	Incomplete
2025-12-01	Test Account 4	Incomplete	Incomplete

5. You may also open your **Reports Dashboard**, which includes the following categories:

- **Pending Reports** – These appear when a recording has been uploaded but has not yet been processed. The system has the audio file but has not completed transcription or draft generation.
- **Error Reports** – These appear when the system was unable to process the recording. The transcript specifically directs you to use the **Contact Support** button in this situation.
- **Incomplete Reports** – These reports have been fully processed and are ready for clinician review and editing. This includes the 96130 assessment draft, feedback report, and psychotherapy note drafts.
- **Finalized Reports** – Completed and ready for download.

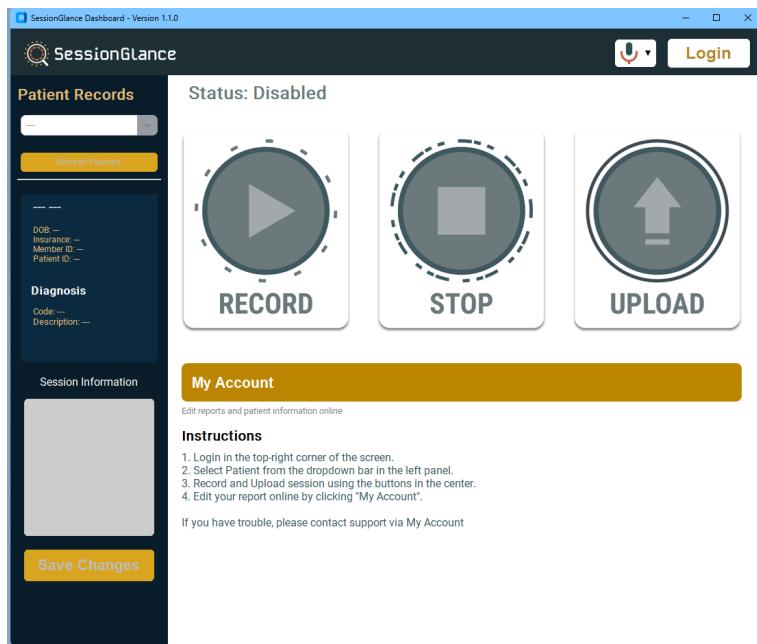
SESSION DATE	PATIENT	ASSESSMENT REPORT	FEEDBACK REPORT
2025-12-09	Test Account 4	Incomplete	Incomplete
2025-12-05	Test Account	Error	Error
2025-12-02	Test Account 4	Error	Error
2025-12-01	Test Account	Finalized	Incomplete
2025-11-26	Test Account 2	Error	Error
2025-11-25	Test Account	Error	Error
2025-11-10	Test Account	Error	Error

The transcript makes clear that you do not need to resolve older incomplete reports before starting a new session. Report statuses are provided so you understand what will appear following your next recording and assessment.

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## 2. Begin a New Recording

The transcript provides a very specific sequence for running a recording through SessionGlance:



1. Begin your telehealth session as you normally would.
2. Open the SessionGlance desktop application.
3. Select the correct patient.
4. Press the **Record** button to begin capturing audio.
5. Speak normally so that SessionGlance can capture your voice clearly.
6. When the session (or the segment you wish to record) is complete, press **Stop**.
7. Select the **Submit / Upload Recording** option.

Once submitted:

- SessionGlance will begin converting the audio file.
- You will see a status such as "session successfully uploaded" once the upload is accepted.
- While SessionGlance is converting and processing the audio, the system automatically launches the **General Assessment of Functioning**, which you complete during the processing stage.

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### 3. Complete the General Assessment of Functioning

SessionGlance guides you through a sequence of domains. These domains and definitions come directly from the transcript and should be interpreted exactly as described. Ratings are on a **1–10 scale**, where 10 represents stronger functioning and 1 represents impaired functioning.

#### Quality of Friendships and Family Relationships (Non-Romantic)

**GENERAL ASSESSMENT OF FUNCTIONING**

Domain 1 of 5

Patient ID: CC0006  
Domain: Quality of Friendships/Family Relationships

Please rate the patient on the above domain. The previous rating has been imported if available.

<input type="radio"/>	10	Superior quality of relations to close friends and all close family members. Relationships are sincere, warm, open, with respect and concern. Several long-term relationships and also openness towards new friends. Subject admired for ability to be emotionally responsive and understand the perspective of others. Others are described clearly and vividly as unique individuals across a wide range of internal and external dimensions. Transient episodes of conflict or frustration justified by circumstances and easily resolved.
<input type="radio"/>	9	Warm, open, and reciprocally rewarding relationships with friends and family. Other people are generally seen as accepting, trustworthy, and responsive. Conflicts or frustrations justified by circumstance and easily resolved.
<input type="radio"/>	8	Good, stable, reciprocally rewarding relationships. Problems of short duration or limited to one significant person ( sibling, parent/child/friend). Conflicts with others may be painful without compromising basic commitment and security.
<input type="radio"/>	7	Some relationships experienced as problematic by subject but may seem normal to others. Can describe significant others as separate beings in terms of functions and also their feelings, attitudes, and values. A tendency to be mildly self-sacrificing or exploitative, overinvolved or underinvolved, mildly suspicious or gullible, dependent or counterdependent in problematic situations. May be preoccupied with gaining acceptance from some others.
<input type="radio"/>	6	Have one or more long-term friendships. A tendency to take controlling and/or submissive roles. Limited experience of warmth, openness, gratification, and trust. Avoids dramatic conflict or personal pain by keeping distance, or by passive or self-sacrificing behavior. Describes significant others such that it is difficult to visualize and recall the person being described.
<input type="radio"/>	5	Mostly short-term intermittent or distant friendships. Self-sacrificing or exploitative, markedly suspicious or gullible, very easily upset by demands, or emotionally detached. Severe difficulty understanding others. Describes others superficially, stereotypically, or inconsistently.
<input checked="" type="radio"/>	4	Minimal contact with family/friends. No mutual gratification; exploitation, emotional detachment, severe suspicion. Others described globally and concretely or from a highly egocentric perspective. May have long-term severely dependent relationship to parental figures.
<input type="radio"/>	3	Strong fear of contact. Very isolated. Some contact with family or social service if they are tolerant of subject.
<input type="radio"/>	2	Total social withdrawal. Extreme suspicion or delusional influence on others. Cannot live with family.
<input type="radio"/>	1	Disorganized mental functioning makes communication impossible.

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This domain evaluates how well the individual functions in friendships and family relationships.

- Higher scores indicate:
  - Stable, consistent relationships with open, warm communication.
  - A general sense of safety and mutual connection.
- Mid-range scores indicate:
  - Shorter or more independent relationships.
  - Potential patterns of self-sacrifice or exploitative dynamics.

- Relationships that do not reliably feel safe or supportive.
- Low scores indicate:
  - Difficulty forming or sustaining meaningful relationships.
  - Relationships that feel fragmented or disorganized.

This category expressly excludes romantic relationships.

## Romantic Relationship Functioning

**GENERAL ASSESSMENT OF FUNCTIONING**

Domain 2 of 5

Patient ID: CC0006  
 Domain: Romantic Relationships

Please rate the patient on the above domain. The previous rating has been imported if available.

<input type="radio"/>	<b>10</b>	Able to establish a long-term relationship characterized by deep mutual exchange of love, trust, and mature dependency. Willing to allow emotional vulnerability. Active sexual interact, initiative, and surrender to pleasure. The other's unique personality essential and described well by subject. A sense of development and deepening of the relationship over time. Problems and conflicts easily resolved. The quality of the relationship impacts subject in other life areas as well. May involve unusual ability for mutual support in times of crisis.
<input type="radio"/>	<b>9</b>	Able to establish long-term relationship characterized by love, trust, and reciprocal mature dependency and active, flexible sexual pleasure. Transient episodes of frustration and doubt justified by circumstances and easily overcome. Good ability for mutual support in times of crisis.
<input type="radio"/>	<b>8</b>	Basically stable, mutual relationship with sexual pleasure. Emotional responsiveness and reciprocal understanding in most areas. Circumstances area of inhibition or conflict may exist. Outside stress can lead to periods of conflict, doubt, or minor dysfunction.
<input type="radio"/>	<b>7</b>	Can establish romantic relationship with reasonable stability, trust, and mutual support and understanding, but ambivalence and fluctuations in the emotional climate exist. May fantasize about or even occasionally seek out another partner, or apprehend that partner will prefer someone else. Sexual inhibition/dysfunctions in times of stress. Generally not shaken in basic commitment to partner despite some limitations in quality of relationship.
<input type="radio"/>	<b>6</b>	Can establish long-term relationships, but characterized by less maturity and gratification. Prone to devaluation or re-involvement in relationship in times of moderate difficulty. Fears being trapped or rejected by partner. Inhibited sexual desire, function, or initiative. Partner described as separate being, but less may be conveyed of him/her as unique individual. Tendency to split romantic and sexual relationships. Patterns of submission, dominance/control.
<input type="radio"/>	<b>5</b>	Difficulty establishing long-term sexual relationships. Lack of commitment, trust, and reciprocity. Only occasional sexual interest or promiscuous behavior. Scares off inappropriate partners. Tentative (short-term), nonreciprocal relationships.
<input checked="" type="radio"/>	<b>4</b>	Only brief encounters, accompanied by severe ambivalent feelings. Desire/gratification dependent on perversions or erotic props. Describes potential partners in terms of own frustration or gratification.
<input type="radio"/>	<b>3</b>	Cannot initiate sexual relationships. Fantasy rather than real relationships. Fear of engulfment. Experiences no interest in sex, or severe disturbances lead to avoidance of intercourse. Occasional sexual experiences with prostitutes.
<input type="radio"/>	<b>2</b>	Very fragile sexual identity. No relationships. Perverse fantasies.
<input type="radio"/>	<b>1</b>	No sexual identity. Primitive, undifferentiated, fragmented fantasy.

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- High scores:
  - Represent an experience of “strong mature love.”
  - Reflect the ability to express emotional vulnerability.
  - Reflect the ability to maintain closeness while pulling back appropriately when needed.
- Mid-range scores:
  - Individuals may maintain long-term romantic partnerships, but needs may not be fully met.

- Low scores:
  - Consistent difficulty developing, sustaining, or engaging meaningfully in romantic relationships.

## Tolerance of Psychological Distress

**GENERAL ASSESSMENT OF FUNCTIONING**

Domain 3 of 5

Patient ID: CC0006  
 Domain: Tolerance

Please rate the patient on the above domain. The previous rating has been imported if available.

<input type="radio"/> 10	Unusual ability to experience the richness, differentiate accurately, and express in an adequate and varied way even the strongest affects, such as anger, sadness, contempt, fear, joy, excitement, shame, anguish, and sense of attachment. High tolerance for mixed feelings and ambiguity.
<input type="radio"/> 9	Even strong affects are well differentiated and flexibly expressed. Symptoms almost never develop (anxiety, depression). Some avoidance or restriction of affect occasionally occurs under heavy stress, but generally high access to emotionality.
<input type="radio"/> 8	Can experience strong affects with a reasonable ability to differentiate and express feelings. Transient symptoms or avoidance occurs, or some restriction of goals, or diminished concentration.
<input type="radio"/> 7	Severe disappointments may lead to mild symptoms, some avoidance, restricted experience, and less differentiation (frustration, worrying, uncertainty, indecisive rumination, blunted joy). Inadequate expressions (outbursts, hopelessness) and restriction of ambitions and goals occur.
<input type="radio"/> 6	Disappointments relatively often lead to restriction or denial of affects, outbursts or passive complaining, or symptoms (anxiety, depression, phobias, conversion), and less differentiation of feelings. Avoidance of expression and/or restriction of goals occurs.
<input checked="" type="radio"/> 5	Potential disappointments, setbacks, or changes often lead to avoidance, restriction of goals, and more severe and lasting symptoms.
<input type="radio"/> 4	Disappointments lead regularly to despair, acting out, or severe symptoms. Lacks ability to differentiate affects.
<input type="radio"/> 3	Even minor or potential disappointments lead to severe reactions of hopelessness and despair. Chaotic expression of affects. Psychotic symptoms may develop.
<input type="radio"/> 2	Cannot express any coherent feelings, very severe acting out, manic excitement. Needs some outside assistance.
<input type="radio"/> 1	Continuously disorganized psychotic mental functioning. In need of constant assistance.

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This domain assesses the individual's capacity to tolerate emotional discomfort.

You evaluate:

- Whether the person disengages when distressed.
- Whether they remain able to stay in discomfort long enough to grow or reflect.
- Whether distress leads to withdrawal, avoidance, or collapse.

High scores represent capacity for engagement despite discomfort.

Low scores represent disengagement and inability to tolerate distress.

## Insight

**GENERAL ASSESSMENT OF FUNCTIONING**

Domain 4 of 5

Patient ID: CC0006  
Domain: Insight

Please rate the patient on the above domain. The previous rating has been imported if available.

<input type="radio"/>	<b>10</b>	Unusual ability to describe genuinely personal wishes, fears, defenses, and the related behavior and connections to earlier (childhood) experiences. High awareness of own vulnerability, attitudes, and interpersonal patterns, secondary gains. Open and curious about and reflects on the multiple levels and meanings of experience. Realistic judgment of self and others.
<input type="radio"/>	<b>9</b>	Can account for inner conflicts, the related problems and repetitive behaviors, and connections to earlier experience. Aware of own vulnerability and reactions to stress. A tolerant and realistic sense of self and others in interpersonal disputes. May feel disillusionment, but no bitterness or hopelessness.
<input type="radio"/>	<b>8</b>	Can account for most important inner conflicts, related problems and repetitive behavior patterns, and personal strengths and weaknesses. May be able to point to past experiences and connections to present reactions, areas of stress, and coping abilities. May be more or less aware too much in interpersonal disputes, but reflects freely and observes own reactions and learns from them (metacognitively). Generally curious and tolerant. Realistic expectations about the future.
<input type="radio"/>	<b>7</b>	Recognizes but cannot clearly describe the complex association between past experiences, inner conflicts, and present problems and repetitive patterns. Reasonably aware of own vulnerability and strength and reactions to stress. Tendency to blame self or others too much in disputes. Occasionally behavior and attitude may be unrecognized, but reflects and observes self in other areas.
<input type="radio"/>	<b>6</b>	Understanding of inner conflicts and associations to past and present experience and behavior is somewhat unclear, or less emotionally integrated, or "learned" inadequate judgment of self and others, but ability to observe and reflect with time. Vulnerability and stress reactions sometimes a surprise. Some defensive, unrecognized attitudes and behaviors. Right views of rights and wrongs. May look for superficial solutions. Recognizes symptoms as sign of disturbance.
<input checked="" type="radio"/>	<b>5</b>	Superficial "blamed" or misleading ideas of inner conflicts and past and present experience. Distortion of judgment of self versus others even when no dispute. Painful feelings accompanied by harsh self-blame or incompletely ascribed to external factors. Little or no reflection on personal motives, unaware of important aspects of attitudes and behaviors (fundamentalism). May deny symptoms as sign of disturbance. Excessive pessimism or optimism.
<input type="radio"/>	<b>4</b>	Does not recognize associations between behavior and internal dynamic components. Severely distorted perceptions/ judgment of self or others. Disavows painful personal reactions. Can describe internal experiences but in stereotyped, confusing, or misleading way. Denies signs of mental disturbance.
<input type="radio"/>	<b>3</b>	Great difficulty describing internal experiences. Does not acknowledge associations between internal experiences and own behavior. Severe distortions/delusional ideas may be present.
<input type="radio"/>	<b>2</b>	Disorganized or fragmented mental functioning. Breakdown of reality testing. Needs outside assistance.
<input type="radio"/>	<b>1</b>	Continuously disorganized, in need of constant assistance for days.

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This domain assesses the individual's clarity regarding identity and functioning across various life contexts.

- Higher scores:
  - Clear understanding of who they are.
  - Increasingly coherent sense of self across different spaces.
- Lower scores:
  - Feeling small, doubtful, or unsure.
  - Reduced clarity regarding identity.
  - Developmental inconsistency or questioning of abilities and direction.

You may also consider whether there is minimal or gradual progress, even if not dramatic.

## Problem Solving

**GENERAL ASSESSMENT OF FUNCTIONING**

Domain 5 of 5

Patient ID: CC0006  
Domain: Problem Solving

Please rate the patient on the above domain. The previous rating has been imported if available.

<input type="radio"/>	10	Unusual ability for resourceful and flexible problem solving in all areas, career, current family, family of origin, friends, leisure time, life goals. Admired for warmth, integrity, wisdom, initiative, and ingenuity.
<input type="radio"/>	9	High adaptive functioning in all areas. May sometimes feel apprehensive or discouraged in difficult situations, but uses selfobservation, reflection, affiliation, and planning to solve problems; humor, creativity.
<input type="radio"/>	8	May occasionally feel anxious or tend to avoid critical situations. May back off or be overcompensatory but worried in situations of anxiety. Sometimes curtails own ambitions or is driven towards overachievement. Sense of direction and pursuit of goals sometimes unclear. May stay too much with the habitual or try to explore too many new areas. Engages with pleasure in social and recreational activities.
<input type="radio"/>	7	Sometimes anxious or depressed in critical situations. Occasional inadequate actions in response to stress (aggression or inhibition of appropriate anger). May avoid one or two areas, e.g., fails to apply for promotions or unable to change an unsatisfactory intimate relationship. May have few hobbies or interests or somewhat inhibited pleasure in recreational activities. May confine activities to the habitual and well known, or indulge in too many new areas.
<input type="radio"/>	6	Develops symptoms, avoids or acts inappropriately (aggressively or submissively) in critical and difficult situations, or fails to pursue meaningful goals. Does not dare to initiate desired romantic relationships or fails to pursue realistic career goals. May show rigidity or continue maladaptive habits, or fails to free self from inhibitory or destructive situations. Restricted pleasure or aimless (compensatory) actions, marked selfishness.
<input checked="" type="radio"/>	5	Severe symptoms, avoidance, or antisocial behavior/acting out or other highly inappropriate actions in response not only to critical situations but also to more ordinary challenges. Inhibited pleasure, life restrictions in several areas. Lack of sense of direction and self-realization.
<input type="radio"/>	4	Overwhelmed by ordinary life challenges in several areas. Withdraws from most difficult situations and takes on almost no responsibilities. Severe symptoms; passive, dependent, or extremely rigid performance. Unclear communication. Severe disturbance in family life and very restricted leisure activities.
<input type="radio"/>	3	Very limited or no adaptive capacity. Cannot function adequately in almost any area. Overwhelmed by ordinary daily activities; severe disturbances in the ability to communicate.
<input type="radio"/>	2	Needs assistance to solve problems of daily living. Severe self-destructive or dangerous actions.
<input type="radio"/>	1	Continuous disorganized mental functioning.

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This measures the individual's ability to manage problems and stressors.

You assess:

- Whether they can identify thoughts and feelings during moments of stress.
- Whether they can solve problems effectively with the resources they have.
- Whether stress causes the individual to shut down, avoid, or become overwhelmed.
- Whether they require significant assistance.
- Whether problem situations create risk (self-destructive behavior or danger).

High scores reflect effective problem solving under stress.

Low scores reflect impaired problem solving.

## Treatment Progress Since the Last Session

Patient ID: CC8006  
Session Date: 2025-12-10

For each domain below, please indicate how the client's functioning has changed since the previous assessment. If there has been no meaningful change, select Continued progress.

Willingness to tolerate psychological distress

Substantial improvement  Continued progress  Regression/deterioration

Enrichment of their sense of self

Substantial improvement  Continued progress  Regression/deterioration

Expansion of behavioral repertoire

Substantial improvement  Continued progress  Regression/deterioration

Overall adaptability to life challenges

Substantial improvement  Continued progress  Regression/deterioration

**Submit Assessment**

### Willingness to tolerate psychological distress

This rating evaluates an individual's willingness to engage with their affective laden topics

- Improvement
  - Increased willingness to discuss challenges
  - Growing engagement with their psychological world
- Regression/Deterioration
  - Avoidance affective laden topics
  - Unwillingness to discuss distressing psychological experiences

### Enrichment of their sense of self

This rating evaluates an individual's self-concept and the stability of their self-concept

- Improvement
  - Stability in their sense of who they are as a person
  - Engagement in activities in line with who they are as a person

- Regression/Deterioration
  - Questions in sense of self
  - Fear associated with being their true self

### **Expansion of behavioral repertoire**

This rating evaluates how broadly the person engages with the world.

- Improvement
  - Increased willingness to try new behaviors.
  - Growing engagement with new experiences and activities.
  - Broader behavioral range.
- Regression/Deterioration
  - Very limited behavioral patterns.
  - Rigid or repetitive behaviors.

Little engagement in the outside world

### **Overall adaptivity to life challenges**

You select whether the individual appears to be:

- Doing better
- Doing worse
- About the same

This global rating summarizes the trajectory of functioning across sessions.

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## **4. Submit the Assessment**

When the assessment is complete:

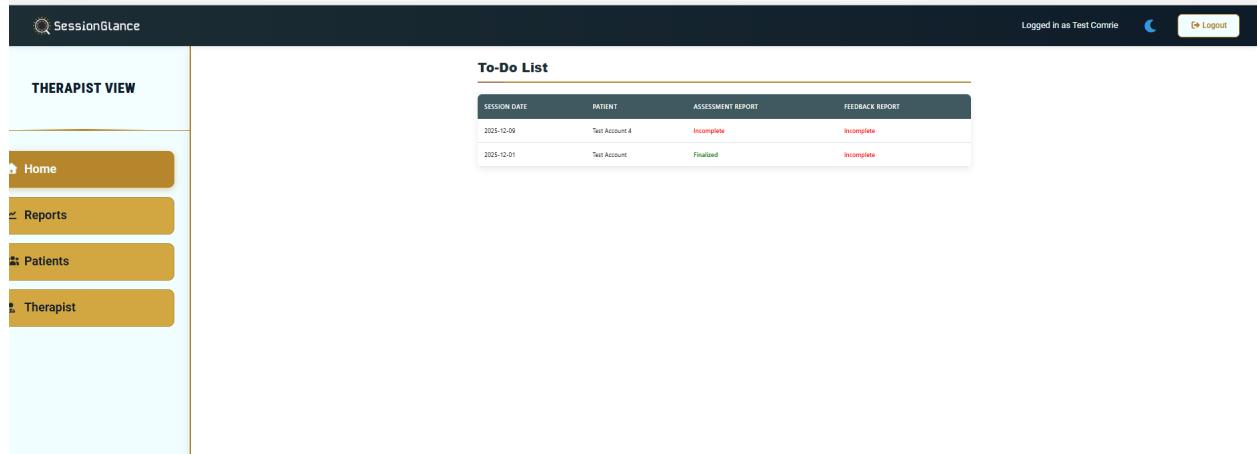
- Select **Submit Assessment**.
- This submission allows SessionGlance to generate:
  - A **96130 assessment draft**
  - A **Client Feedback Report**
  - A **Draft Psychotherapy Note**

These documents become available after the system finishes processing the audio and assessment.

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## **AFTER THE SESSION**

## 5. Identify the Newly Created Report



SESSION DATE	PATIENT	ASSESSMENT REPORT	FEEDBACK REPORT
2023-12-09	Test Account 4	Incomplete	Incomplete
2023-12-01	Test Account	Finalized	Incomplete

After processing is complete, a new report will appear on your dashboard labeled **Incomplete**.

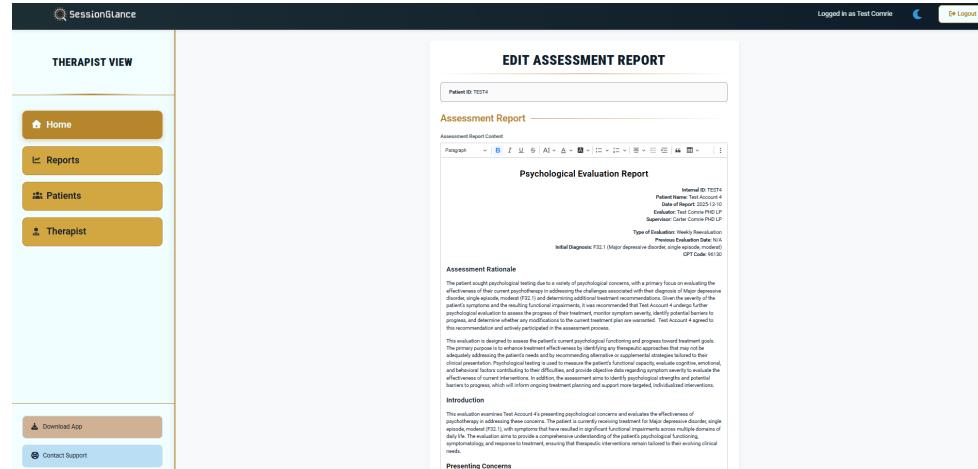
“Incomplete” indicates:

- The **96130 assessment draft** is ready for your review.
- The **Feedback Report** has been generated.
- The **Psychotherapy Note Draft** is ready.

Open the Incomplete report to begin clinician review.

## 6. Review and Edit the Auto-Generated 96130 Assessment Draft

The transcript shows several specific elements that appear within this draft:



Patient ID: TEST4

Assessment Report

Assessment Report Content

Psychological Evaluation Report

Initial Diagnostic: F32.1 Major depressive disorder single episode moderate

CPT Code: 96130

Assessment Rationale

Presenting Concerns

## **Diagnosis**

Example shown:

- F41.8 Other specified anxiety disorders

## **Symptom Description**

A draft narrative summarizing symptoms based on:

- Your assessment ratings
- The session content captured in the transcribed audio

## **Assessment Battery and Rationale**

SessionGlance includes a section outlining:

- What measures were used
- Why those measures were appropriate

## **Bolded Summary Statements**

These statements:

- Reflect how the client is functioning
- Are tied directly to the ratings chosen in the General Assessment of Functioning
- Provide clinically relevant summary lines

## **Required Clinician Editing**

Clinician will need to do the following:

- Remove irrelevant or inaccurate content
- Adjust language to match the clinical picture
- Ensure the final report matches your professional judgment
- Tailor the draft to your formulation and interpretation of the case

Everything in the draft is editable.

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## **7. Complete the AMA-Required 96130 Elements**

The transcript describes this step explicitly:

- The 96130 assessment portion includes **six AMA-required items**.
- You must select **at least one** item to fulfill documentation standards.

## Steps:

1. Scroll to the section labeled with the requirement to select at least one AMA item.
2. Choose the item(s) that apply to your assessment.
3. Confirm that at least one is selected before finalizing the note.

This step ensures that your documentation meets the procedural and reporting standards for CPT 96130.

**Private Notes**

Assessment Note (For Internal Records)

Assessment Date: 2025-12-10  
Internal ID: TEST4  
Patient: Test Account 4  
CPT Code: 96130

**Rationale:** Patient presented with multiple symptoms associated with Major depressive disorder, single episode, moderate (F32.1) on 2025-12-09. Clinician and Test Account 4 have agreed to ongoing psychological assessment of patient's psychological functioning and progress towards treatment goals to assist with better understanding of Test Account 4's functioning and to assist with treatment planning. Psychological testing was determined to be medically necessary when as the following conditions were met (Select at least one of the following):

1. Measure a psychological disorder and its severity and functional impairment to determine psychiatric diagnosis when a mental illness is suspected.
2. Measure behavioral factors that impact management of the disorder.
3. Measure functional capacity to delineate specific cognitive, emotional, or behavioral bases of functional complaints.
4. Measure psychological barriers and strengths to aid in treatment planning.
5. Perform symptom measurement to objectively measure treatment effectiveness.
6. Measure and confirm or refute clinical impressions obtained from interactions with patients.

**Data:** On 2025-12-10 from 6:55 PM to 7:28 PM EST, a minimum of 31 minutes was spent on the following tasks: integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning, and report writing.

**Assessment Battery:** Psychological assessment involves the use of reliable and research-validated methods (including but not limited to clinical interviewing) and standardized tests to evaluate cognitive, behavioral, and emotional functioning, intellectual abilities, personality, and psychopathology. Domains assessed in a psychological assessment typically consist of mood/emotional conditions and symptoms, cognitive status, adaptive functioning, and behavioral and interpersonal adjustment. The administered assessment battery included the following measures:

1. Mood/Emotional Conditions and Symptoms:
  - a. Beck's Depression Inventory (BDI; Self-Reported)
  - b. Generalized Anxiety Inventory (GAI; Self-Reported)
2. Adaptive Functioning:
  - a. Mini Mental Status Exam (MMSE; Clinician Administered)
  - b. Assessment of Change in Dynamic Functioning (ACDF; Clinician-Reported)
3. Behavioral and Interpersonal Adjustment:
  - a. Acceptance and Action Questionnaire - 9 Item Version (AAQ-9; Clinician-Administered/Self-Reported)
  - b. Loneliness Scale (LS; Self-Reported)

All measures in the assessment battery have either normed data or cut-offs derived from population metrics, making interpretation from a qualified health provider necessary.

**Results:** The specific results of the psychological evaluation as well as implications for treatment planning are included in the assessment report.

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## 8. Review the Client Feedback Report

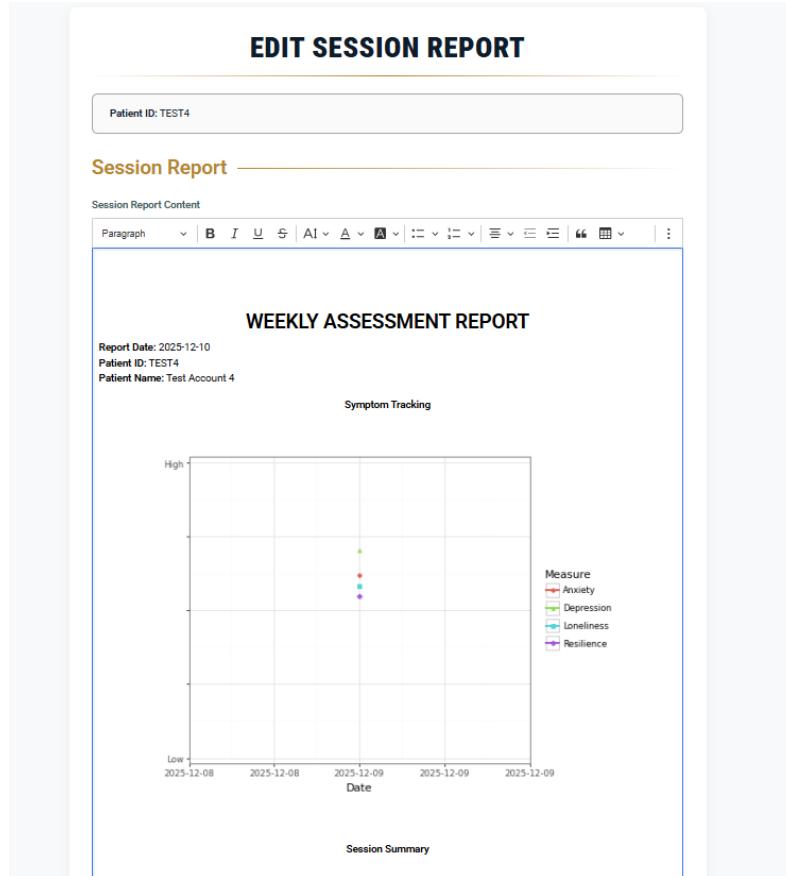
The Feedback Report includes:

- Narrative themes from the session
- Summaries of therapeutic interventions
- Reflection questions for clients
- Highlighted content requiring clinician review

Clinician will need to do the following:

- Edit all highlighted text
- Tailor the narrative to accurately reflect the client

- Adjust reflection questions to ensure they match the session and your clinical intent
- Remove any auto-generated content that does not apply



This ensures that the client receives a clear, clinically accurate written summary.

## 9. Review the Draft Psychotherapy Note

The transcript notes that the psychotherapy note:

- Meets the structural requirements for “9-8137” documentation (transcript wording)
- Reflects the content of your session
- Integrates information from your assessment ratings

Clinician will need to do the following:

- Read through the note carefully
- Make edits for accuracy
- Finalize or copy it into your EHR as appropriate

- The note is fully editable.

# Private Notes

## 10. Finalize Your Documentation Workflow

## Before completing your documentation:

## Confirm:

- The 96130 assessment is fully edited and accurate.
- At least one AMA-required item is selected.
- The Client Feedback Report has been reviewed and edited.
- The Psychotherapy Note draft is complete and clinically accurate.

Then:

- Export or copy documentation into your EHR.
- Download finalized reports if needed.
- If any report shows an **Error** status, click **Contact Support** as directed in the transcript.

